

NAME _____

HEALTH FORM FOR 4-H CATTLE KEEP THIS FORM WITH THE ANIMAL AT ALL TIMES

ANIMAL **Registration Number Shipping Fever Rabies Vaccine** (use all that apply) Type & Date NAME Breed Type & Date **Other tests** RFID/840 or AIN

I certify, as an accredited veterinarian, that the above-described animals have been inspected by me and that they are not showing signs of infectious, contagious, and or communicable disease, (Except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animal(s) listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied. **This form is for use in Vermont only.**

Date

2020

SPECIES